

The scope and responsibility of medicine in present day society is such a topic. Until this can be identified and at least somewhat defined, it is unlikely if not impossible that rational or meaningful programming for any aspect of health education or health care can take place. The problem is first to bring interested and informed opinion to bear, provide for interaction and exchange, and then identify the threads which run through the discussion, and eventually try to weave them into some sort of fabric which will receive general approval and acceptance. It is only when a problem is well defined and a clear question is asked that a correct answer can be found.

If the forum on "The Scope and Responsibility of Medicine" can achieve its purpose it will also demonstrate the usefulness of a new technique in the decision making process within a democratic human institution. This could be its greatest contribution.

Current Knowledge of Psoriasis

ANY DISEASE WHICH may affect between 200,000 and 600,000 persons in the United States is an important one. Although psoriasis is considered benign in the sense that it is not significant as a cause of death, it most certainly is not benign in the socio-economic sense. An old synonym, *lepra alphas*, apparently stems from biblical times when psoriasis probably was frequently mistaken for leprosy. In any event, psoriasis is a dread, loathsome disease which, in the words of Sulzberger, more frequently ruins the reputation of the dermatologist than any other dermatosis, with the possible exception of warts. It is quite unpredictable and capricious, and the tendency is life-long.

Elsewhere in this issue is a superlative review of current knowledge of psoriasis by Farber and McClintock. It is a testimonial to the productivity of the broadly based research program at Stanford Medical School. Such an article cannot be encyclopedic (several hundred articles and monographs are published on the subject each year), but it does contain a balanced and critical summary of the pertinent information now available concerning this important disease.

The review accurately reflects that we have no

startling new facts about psoriasis. It has been known for a long time, on the basis of excellent studies in Germany, Denmark and this country, that the disease has strong genetic overtones, and it is well established that psoriasis consists of an increased epidermopoiesis. Curiously, the only non-cutaneous component thus far described is psoriatic arthritis, unless one includes Reiter's syndrome as being a variant of psoriasis. It is a disease, however, in which there may be systemic repercussions, as for example the hypervolemia and increased cardiac output which may complicate generalized erythroderma and exfoliation, even leading to cardiac decompensation.

Drs. Farber and McClintock tell us of newer understanding of traditional topical treatments (including the dangers thereof) and point out that the use of topical corticosteroids is not without hazard. As for systemic treatment, the beneficial effect of inorganic arsenic has been recognized for at least a century, coupled with awareness of serious drawbacks, principally the delayed onset of malignant change. Systemic corticosteroids have a place occasionally in the treatment of severe psoriasis but must be employed with critical judgment and control. Methotrexate and other chemotherapeutic agents developed for the management of malignant disease may be of aid in highly selected cases as suppressive, non-specific therapy.

The authors point out that no explanation for the pathogenesis of psoriasis is as yet at hand. The possibility of an enzyme defect is appealing in this era of molecular diseases, but no substantial information exists in support of this. Even if the genetic pattern were more clearly delineated, there is as yet no particular metabolic pathway which can be implicated.

Farber and his colleagues have made a significant contribution in characterizing the disease more clearly and in assessing and evaluating its natural history. The etiology and pathogenesis of psoriasis still elude us. While this remains true, therapy will continue to be empirical.

Routine Chemical Screening

IN RECENT YEARS routine screening for asymptomatic disease has assumed a prominent role in the